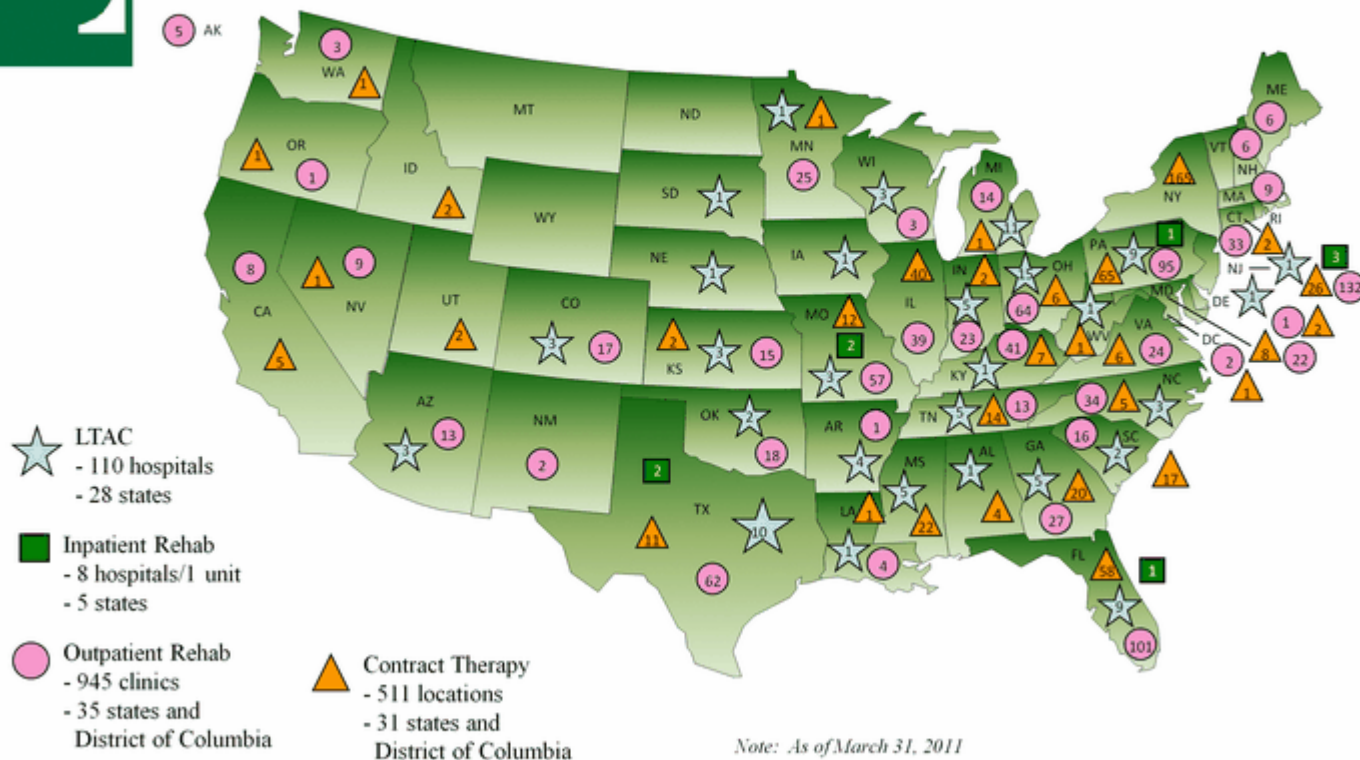


Significant Scale and Breadth



Strong Track Record of Growth

Company has Struck the Right Balance of Both Organic and Acquisitive Growth



De Novo – 63 specialty hospitals and 307 outpatient clinics opened since inception – Q1 '11

Acquisitions – 86 specialty hospitals acquired since inception – Q1 '11



ALTHA, INC.
625 SLATERS LANE
SUITE 302
ALEXANDRIA, VA 22314

PHONE: 703.518.9900
FAX: 703.518.9980
WEBSITE: ALTHA.ORG
INFO@ALTHA.ORG

FOR IMMEDIATE RELEASE
September 28, 2006

CONTACT:
Kate Bohonos 703-518-9900

PRESS RELEASE

ALTHA SUPPORTS ENGLISH-POMEROY LEGISLATION
BILL WOULD REQUIRE CERTIFICATION CRITERIA FOR LTAC HOSPITALS

**Legislation would address concerns of Congress by imposing standards
to ensure only medically complex patients are treated in long term hospitals.**

WASHINGTON – Today, U.S. Rep. Phil English (R-Pa.) and U.S. Rep. Earl Pomeroy (D-ND), leading members of the U.S. House Ways and Means Committee, introduced a bipartisan bill that would create certification criteria for the nation’s “long-term acute-care” (LTAC) hospitals.

William Walters, CEO of ALTHA, said: “ALTHA hospitals support the English-Pomeroy bill and are grateful to these two leading Members of Congress for their work on this issue. The English-Pomeroy bill addresses the concerns of the Ways & Means Committee and MedPAC by ensuring that LTAC hospitals admit only medically-complex, severely-ill patients. While the bill would slow recent growth in LTAC hospital spending, ALTHA hospitals believe that responsible healthcare providers must support constructive solutions to sustain the Medicare continuum of care. We look forward to working with Congressman English and Congressman Pomeroy to pass this legislation.”

The English-Pomeroy bill has a number of provisions:

- LTAC hospitals would be required to use an admission screening and assessment tool to ensure that only medically-complex patients are admitted.
- LTAC hospitals would have to admit a high percentage of patients with specified high-acuity medical conditions.
- LTAC hospitals would be required to collect and submit data on quality measures determined by the Secretary of Health & Human Services -- or face a reduction in Medicare reimbursement for the applicable year.
- LTAC hospitals would, for reimbursement purposes, be treated like other Medicare-covered hospitals.

Select Medical Corporation operates an LTAC hospital in Erie, Pennsylvania. Ms. Anne Frew is the CEO of the Erie facility. Triumph Healthcare operates an LTAC hospital in Fargo, North Dakota. Mr. Custer Huseby is the CEO of Triumph’s SCCI Hospital - Fargo. Both hospitals are members of ALTHA.

Both bills would establish certification criteria for LTAC hospitals. Under the House bill, LTAC hospitals would have to admit a large percentage of patients with high-acuity medical conditions. The House bill specifies the method of identifying which severely ill patients should be admitted to LTAC hospitals and defines the percentage of LTAC patients who must meet the new patient criteria. Unlike the House bill, the Senate bill would instead require the U.S. Secretary of Health & Human Services to define appropriate patients for LTAC hospitals by general medical conditions and severity of illness, rather than diagnoses.

Walters noted: “ALTHA strongly supports both bills because both are consistent with the policy objectives of the Medicare program and federal regulators. Both bills ensure that LTAC hospitals admit and treat only those patients who are medically complex. Initial budget estimates suggest the bills, if passed, would reduce Medicare spending on LTAC hospitals by \$1-2 billion over five years. ALTHA hospitals have long advocated for the development of certification criteria to ensure LTAC hospitals admit only medically complex, severely ill patients. Patients should be cared and paid for in the most appropriate setting. Patients who can be safely and effectively cared for in other post-acute facilities should not be treated and paid for in an LTAC hospital.”

#

ABOUT LONG-TERM ACUTE-CARE HOSPITALS

Long-term acute-care (LTAC) hospitals serve a valuable role in the continuum of American healthcare by caring for patients who need longer than usual hospital stays, on average twenty-five days. LTAC hospital patients are severely-ill, medically-complex patients with multiple comorbidities. Congress created LTAC hospitals to care for the small population of extremely ill patients for whom the cost of care is beyond the scope of most general hospitals.

ABOUT THE ACUTE LONG TERM HOSPITAL ASSOCIATION (ALTHA)

ALTHA is the Washington-based trade association of LTAC hospitals, representing two-thirds of LTAC hospitals nationwide. The ALTHA Board of Directors endorses the principle that patients should be cared and paid for in the most appropriate setting. Patients who can be safely and effectively cared for in other post-acute facilities should not be treated and paid for in an LTAC hospital. For more information, please visit <http://www.altha.org/> or call Kate Bohonos, Director of Communications at ALTHA, 703-518-9900.

FOR IMMEDIATE RELEASE
December 19, 2007

U.S. CONGRESS PASSES MEDICARE LEGISLATION WITH “LTAC” HOSPITAL PROVISIONS

LTAC Hospital Community Commends Bipartisan Leadership of House & Senate

ALPHA Says This is First Step in Rationalizing Medicare’s Post-Acute Policy

WASHINGTON (December 19, 2007) – This afternoon, the U.S. House passed a bill, S. 2499, that takes a first step toward defining the role of America’s long-term, acute-care (LTAC) hospitals in the post-acute continuum. The basis of this legislation was an earlier bill written by Rep. Earl Pomeroy (D-ND), Rep. John Larson (D-CT) and Rep. Phil English (R-PA). These Members of Congress all serve with great distinction on the U.S. House Ways & Means Committee.

On House passage of the bill, William Walters, CEO of the Acute Long Term Hospital Association (ALPHA), issued the following statement:

“ALPHA commends House and Senate leaders for recognizing an opportunity to enact progressive Medicare legislation and working to pass the bill before adjourning for the holidays. This legislation is fiscally responsible and rooted in sound post-acute policy by not only generating savings for the Medicare program, but also by ensuring that Medicare’s sickest seniors continue to have access to the unique care that LTAC hospitals provide.”

House passage follows Senate consideration of the same bill on December 18. The Senate passed the LTAC hospital legislation by unanimous consent. In the Senate, the LTAC hospital legislation was championed by Sen. Kent Conrad (D-ND), Sen. Orrin Hatch (R-UT) and Sen. John Kerry (D-MA). The Conrad-Hatch-Kerry bill had 30 other Senators as co-sponsors.

Walters commented further:

“ALTHA has long supported the principle that patients should be cared and paid for in the most appropriate setting and that patient placement decisions should be made primarily on the basis of clinical characteristics and needs. By mandating the development of clinically based LTAC hospital and patient certification criteria, this legislation moves us closer to accomplishing this goal. As we move toward implementation, we look forward to working with Congress, CMS and MedPAC to better define the appropriate role of LTACs in the post-acute continuum. Completing work on the bill this year ensures that seniors have uninterrupted access to LTAC hospital care.”

ABOUT THE LEGISLATION

The legislation has several key components, including immediate implementation of new “facility” criteria for LTAC hospitals, a Congressionally mandated study by CMS on “patient” LTAC criteria, enhanced medical necessity review for current LTAC patients and a three-year moratorium on new LTAC hospital development pending development of certification criteria.

The legislation also promotes regulatory stability for LTAC hospitals while this important policy work is being done. The legislation precludes for a three-year period imposition of a one-time budget neutrality reduction to LTAC rates, prevents application of recent payment reductions for “very short stay” outlier cases, precludes application of the so-called “25% rule” to freestanding LTACs, and freezes the “25% rule” for Hospital within Hospital (HwH) LTACs at 50% for urban and up to 75% for rural and MSA dominant HwH LTACs.

ABOUT LONG-TERM ACUTE-CARE HOSPITALS

Long-term acute-care (LTAC) hospitals serve a valuable role in the continuum of American healthcare by caring for patients who need longer than usual hospital stays, on average twenty-five days. LTAC hospital patients are severely-ill, medically-complex patients with multiple comorbidities. Congress created LTAC hospitals to care for the small population of extremely ill patients for whom the cost of care is beyond the scope of most general hospitals.

ABOUT THE ACUTE LONG TERM HOSPITAL ASSOCIATION (ALTHA)

ALTHA is the Washington-based trade association of LTAC hospitals, representing two-thirds of LTAC hospitals nationwide. The ALTHA Board of Directors endorses the principle that patients should be cared and paid for in the most appropriate setting. Patients who can be safely and effectively cared for in other post-acute facilities should not be treated and paid for in an LTAC hospital. For more information, please visit <http://www.altha.org/> or call 703-518-9900.



ALHA, INC.
625 SLATERS LANE
SUITE 302
ALEXANDRIA, VA 22314

PHONE: 703.518.9900
FAX: 703.518.9980
WEBSITE: ALHA.ORG
INFO@ALHA.ORG

FOR IMMEDIATE RELEASE
May 5, 2009

CONTACT:
Dustin Siggins, 703-518-9900

Press Release
LTAC HOSPITAL LEGISLATION
INTRODUCED IN U.S. HOUSE

**Rep. Pomeroy, Rep. Doggett, Rep. Larson and Rep. Yarmuth
introduce H.R. 2124.**

*Bill extends LTAC hospital provisions in MMSEA of 2007.
ALHA supports House proposal and is grateful for Congressional support.*

Washington, D.C. (May 4, 2009) – Last week, **U.S. Rep. Earl Pomeroy (D-ND)**, **U.S. Rep. Lloyd Doggett (D-TX)**, **U.S. Rep. John Larson (D-CT)** and **U.S. Rep. John Yarmuth (D-KY)** introduced the *Medicare Long-Term Care Hospital Improvement Act of 2009* (H.R.2124).

H.R. 2124 protects patient access to care in Long-Term, Acute-Care (LTAC) hospitals while federal regulators and the private sector work towards development of additional facility and patient criteria and while Congress undertakes comprehensive healthcare reform.

H.R. 2124 provides for a two-year extension of certain LTAC hospital provisions found in the “Medicare, Medicaid, and SCHIP Extension Act of 2007” (MMSEA), Public Law 110-173. In addition to explicit savings resulting from a two-year extension of a moratorium on new LTAC hospitals, the proposed legislation contains a budget neutrality provision which provides for cost savings over a five-year period to pay for this legislation in full.

-- MORE --

[The Acute Long-Term Hospital Association \(ALTHA\)](#), the Washington-based trade association representing approximately three-quarters of the nation's LTAC hospitals, strongly supports this legislation and is grateful for the efforts of these four senior Members of the House Ways & Means Committee.

William Walters, ALTHA's chief executive officer, said of H.R. 2124: "This bill will help maintain a relatively stable clinical environment for the 130,000 patients treated in America's 400 LTAC hospitals and for the 60,000 Americans our hospitals employ. If enacted, the bill would give LTAC hospitals time to work with federal regulators in creating new admission criteria and time to work with Congress in developing President Obama's new post-acute policies. We are extremely grateful to these four distinguished Members of the U.S. House."

ALTHA is the Washington-based trade association of LTAC hospitals, representing three-fourths of the LTAC hospitals nationwide. ALTHA hospital members include Kindred Healthcare (NYSE:KND), Select Medical Corporation, Triumph Healthcare, LifeCare Hospitals, HealthSouth (NYSE:HLS), Promise Healthcare, RehabCare Group (NYSE:RHB), Regency Hospital Company, LHC Group (NASDAQ:LHCG), and many others. For more information, please visit www.altha.org or call Dustin Siggins, Assistant Director of Communications, at 703-518-9900.

###

Congress of the United States
Washington, DC 20515

June 17, 2009

Chairmen Charles Rangel
Committee on Ways and Means
U.S. House of Representatives
1102 Longworth House Office Building
Washington D.C. 20515

Chairman Pete Stark
Subcommittee on Health
U.S. House of Representatives
1102 Longworth House Office Building
Washington D.C. 20515

Dear Chairmen Rangel and Stark:

We are writing to request that you include an extension of budget neutral regulatory relief for Long Term Care Hospitals (as outlined in H.R. 2124) in the health reform package currently being drafted by our Committee.

As you know, long-term care hospitals (LTCH) provide hospital-level care for medically complex, long-stay patients. In the Medicare, Medicaid and SCHIP Extension Act of 2007 (MMSEA), Congress enacted important changes to improve LTCH access and quality that included the development of much-needed patient and facility certification criteria to assure that the right patient is seen in the right post acute care setting at the right price. Pending the development and implementation of such criteria by the Centers for Medicare and Medicaid Services (CMS), we believe Congress should extend the temporary MMSEA provisions to ensure continued availability of high-quality care in the LTCH setting.

LTCHs play an important role in the spectrum of care for our sickest constituents. These hospitals meet the same Medicare conditions of participation as general acute hospitals, but have a significantly longer average length of stay of greater than 25 days. These unique facilities treat a wide variety of serious conditions including respiratory failure with ventilator dependency, infections, complex wounds, and trauma. The LTCH setting provides an efficient, high-quality care environment for vulnerable patients and offers tremendous value to the overall health care system.

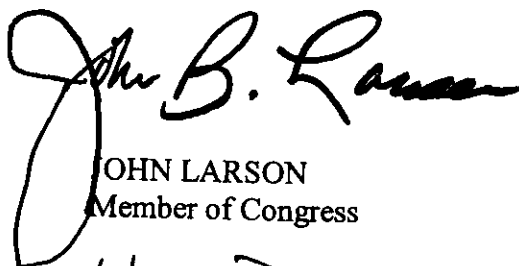
You will recall that Congress took steps to protect patient access to LTCHs in MMSEA by moderating regulatory instability pending development of LTCH certification criteria. In addition to a number of important policy changes, these provisions include a moratorium on new LTCHs and satellites as well as expansions in existing facilities. MMSEA also requires the Secretary of Health and Human Services to conduct a study on the establishment of LTCH facility and patient criteria for determining the medical necessity of admissions to and continued stays and discharges at LTCHs. The study with recommendations for such criteria is to be reported to Congress by June 2009; however, CMS has acknowledged that this is a difficult task that will likely take much time to complete.

We believe an extension of the LTCH regulatory relief is needed to assure stability of the industry while the patient and facility criteria are being finalized. We support this budget neutral policy as a way to protect access to LTCH services for Medicare beneficiaries and other vulnerable patients. Please give full consideration to including language from H.R. 2124 in the Ways and Means Committee health reform proposal.

Many thanks for your consideration,



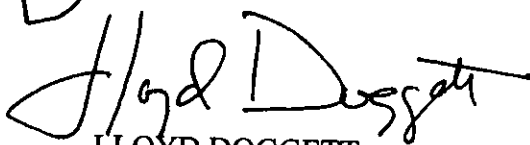
EARL POMEROY
Member of Congress




JOHN LARSON
Member of Congress



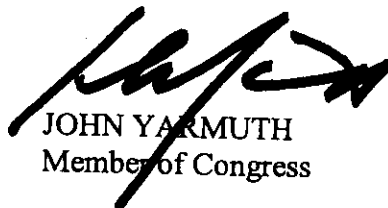
RICHARD NEAL
Member of Congress



LLOYD DOGGETT
Member of Congress



BILL PASCRELL
Member of Congress



JOHN YARMUTH
Member of Congress

Contributions by Select Medical or Altha, its trade association, to Earl Pomeroy

Does not include contributions that separately went to his political action committee

<u>Name</u>	<u>City</u>	<u>State</u>	<u>Employer/Occupation</u>	<u>Organization</u>	<u>Date</u>	<u>Amount</u>
Fritsch, Frank	Mechanicsburg	PA	Select Medical Corp./Senior VP Human	EARL POMEROY FOR CONGRESS	3/26/2007	\$ 1,000
Ortenzio, Robert	Lemoyne	PA	Select Medical Corp./CEO	EARL POMEROY FOR CONGRESS	3/26/2007	\$ 2,000
Ortenzio, Robert	Lemoyne	PA	Select Medical Corp./CEO	EARL POMEROY FOR CONGRESS	3/26/2007	\$ 300
Ortenzio, Robert	Lemoyne	PA	Select Medical Corp./CEO	EARL POMEROY FOR CONGRESS	3/26/2007	\$ 1,700
Rice, Patricia	Mechanicsburg	PA	Select Medical Corp./President	EARL POMEROY FOR CONGRESS	3/26/2007	\$ 1,000
Walters, William	Alexandria	VA	Altha Inc./CEO	EARL POMEROY FOR CONGRESS	3/26/2007	\$ 2,300
Walters, William	Alexandria	VA	Altha Inc./CEO	EARL POMEROY FOR CONGRESS	3/26/2007	\$ 2,300
Jackson, Martin	Mechanicsburg	PA	Select Medical Corp./CFO	EARL POMEROY FOR CONGRESS	8/16/2007	\$ 2,000
Ortenzio, Robert	Mechancsbrg	PA	Select Medical Corp./CEO	EARL POMEROY FOR CONGRESS	8/17/2007	\$ 3,000
Ortenzio, Rocco	Lemoyne	PA	Select Medical Corp./Executive Chai	EARL POMEROY FOR CONGRESS	8/17/2007	\$ 700
Rice, Patricia	Mechanicsburg	PA	Select Medical Corp./President	EARL POMEROY FOR CONGRESS	8/16/2007	\$ 700
Rice, Patricia	Mechanicsburg	PA	Select Medical Corp./President	EARL POMEROY FOR CONGRESS	8/16/2007	\$ 1,300
Ortenzio, Rocco	Lemoyne	PA	Select Medical Corp./Executive Chai	EARL POMEROY FOR CONGRESS	8/17/2007	\$ 2,300
Ortenzio, Angela	Camp Hill	PA	homemaker/homemaker	EARL POMEROY FOR CONGRESS	3/18/2008	\$ 200
Ortenzio, Angela	Camp Hill	PA	homemaker/homemaker	EARL POMEROY FOR CONGRESS	3/18/2008	\$ 2,300
Ortenzio, Rocco	Lemoyne	PA	Select Medical Corp./Executive Chai	EARL POMEROY FOR CONGRESS	3/18/2008	\$ 2,500
Ortenzio, Rocco	Lemoyne	PA	Select Medical Corp./Executive Chai	EARL POMEROY FOR CONGRESS	3/18/2008	\$ (900)
Ortenzio, Rocco	Lemoyne	PA	Select Medical Corp./Executive Chai	EARL POMEROY FOR CONGRESS	3/18/2008	\$ 2,500
Fritsch, Frank	Mechanicsburg	PA	Select Medical Corp./Senior VP, Hum	EARL POMEROY FOR CONGRESS	6/26/2009	\$ 1,000
Rice, Patricia	Mechancsbrg	PA	Select Medical Corp./President	EARL POMEROY FOR CONGRESS	6/26/2009	\$ 200
Rice, Patricia	Mechancsbrg	PA	Select Medical Corp./President	EARL POMEROY FOR CONGRESS	6/26/2009	\$ 2,400
Talalai, James	Mechanicsburg	PA	Select Medical corp./SVP/CIO	EARL POMEROY FOR CONGRESS	6/26/2009	\$ 1,000
Traynor, Sean	Rye	NY	Acute Long Term hospital assn	EARL POMEROY FOR CONGRESS	6/26/2009	\$ 1,600
Traynor, Sean	Rye	NY	Acute Long Term hospital assn	EARL POMEROY FOR CONGRESS	6/26/2009	\$ 2,400
Walters, William	Alexandria	VA	Altha Inc./CEO	EARL POMEROY FOR CONGRESS	6/26/2009	\$ 2,400
Walters, William	Alexandria	VA	Altha Inc./CEO	EARL POMEROY FOR CONGRESS	6/26/2009	\$ 2,400
Ortenzio, Rocco	Lemoyne	PA	Select Medical Corp./executive	EARL POMEROY FOR CONGRESS	7/26/2010	\$ 900
Ortenzio, Robert	Mechanicsburg	PA	Select Medical Corp./CEO	EARL POMEROY FOR CONGRESS	10/29/2010	\$ 2,400

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check One: ☐ New Registrant ☒ New Client for Existing Registrant ☐ Amendment

1. Effective Date of Registration 02/01/2011

2. House Identification 31748

Senate Identification 1182

REGISTRANT ☒ Organization/Lobbying Firm ☐ Self Employed Individual

3. Registrant ALSTON & BIRD, LLP

Address THE ATLANTIC BUILDING Address2 950 F STREET, NW
City WASHINGTON State DC Zip 20004 - Country USA

4. Principal place of business (if different than line 3)

City _____ State _____ Zip _____ - Country _____

5. Contact name and telephone number

☐ International Number

Contact Robert Driscoll Telephone (202) 239-3470 E-mail ldafilings@alston.com

6. General description of registrant's business or activities

law firm

CLIENT

A Lobbying Firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should check the box labeled "Self" and proceed to line 10. ☐ Self

7. Client name Select Medical Corporation

Address 4716 Old Gettysburg Road
City Mechanicsburg State PA Zip 17055 - Country USA

8. Principal place of business (if different than line 7)

City _____ State _____ Zip _____ - Country _____

9. General description of client's business or activities

Provider of specialized health care in both inpatient and outpatient settings

LOBBYISTS

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any person listed in this section has served as a "covered executive branch official" or "covered legislative branch official" within twenty years of first acting as a lobbyist for the client, *state the executive and/or legislative position(s) in which the person served.*

Name			Covered Official Position (if applicable)
First	Last	Suffix	
Bob	Siggins		Chief of Staff for Rep. Earl Pomeroy
Earl	Pomeroy		U.S. Congressman for North Dakota

Clerk of the House of Representatives
Legislative Resource Center
B-106 Cannon Building
Washington, DC 20515
<http://lobbyingdisclosure.house.gov>

Secretary of the Senate
Office of Public Records
232 Hart Building
Washington, DC 20510
<http://www.senate.gov/lobby>

LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required to Complete This Page

1. Registrant Name ☒ Organization/Lobbying Firm ☐ Self Employed Individual

ALSTON & BIRD, LLP

2. Address ☐ Check if different than previously reported

Address1 THE ATLANTIC BUILDING Address2 950 F STREET, NW
City WASHINGTON State DC Zip Code 20004 - Country USA

3. Principal place of business (if different than line 2)

City State Zip Code - Country

4a. Contact Name b. Telephone Number c. E-mail
Mr. ROBERT DRISCOLL (202) 239-3470

5. Senate ID#
1182-1005926

7. Client Name ☐ Self ☐ Check if client is a state or local government or instrumentality
Select Medical Corporation

6. House ID#
317480272

TYPE OF REPORT 8. Year 2011 Q1 (1/1 - 3/31) ☐ Q2 (4/1 - 6/30) ☒ Q3 (7/1-9/30) ☐ Q4 (10/1 - 12/31) ☐

9. Check if this filing amends a previously filed version of this report ☐

10. Check if this is a Termination Report ☐ Termination Date 11. No Lobbying Issue Activity ☒

INCOME OR EXPENSES - YOU MUST complete either Line 12 or Line 13

12. Lobbying

INCOME relating to lobbying activities for this reporting period was:

Less than \$5,000 ☐

\$5,000 or more ☒ \$ 20,000.00

Provide a good faith estimate, rounded to the nearest \$10,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).

13. Organizations

EXPENSE relating to lobbying activities for this reporting period were:

Less than \$5,000 ☐

\$5,000 or more ☐ \$

14. REPORTING Check box to indicate expense accounting method. See instructions for description of options.

- ☐ Method A. Reporting amounts using LDA definitions only
☐ Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code
☐ Method C. Reporting amounts under section 162(e) of the Internal Revenue Code

Signature  Digitally Signed By: Robert Driscoll, Partner

Date 07/20/2011

Printed Name and Title Robert Driscoll, Partner

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Add additional page(s) as needed.

15. General issue area code

MMM

Medicare/Medicaid

(one per page)

16. Specific lobbying issues

LTACH patient criteria

17. House(s) of Congress and Federal agencies

☐ Check if None

U.S. SENATE, U.S. HOUSE OF REPRESENTATIVES

18. Name of each individual who acted as a lobbyist in this issue area

First Name	Last Name	Suffix	Covered Official Position (if applicable)	New
Bob	Siggins			<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

19. Interest of each foreign entity in the specific issues listed on line 16 above

☒ Check if None

Printed Name and Title

Robert Driscoll, Partner

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Add additional page(s) as needed.

15. General issue area code

MMM

Medicare/Medicaid

(one per page)

16. Specific lobbying issues

LTACH patient criteria

17. House(s) of Congress and Federal agencies ☐ Check if None

Centers For Medicare and Medicaid Services (CMS), White House Office

18. Name of each individual who acted as a lobbyist in this issue area

First Name	Last Name	Suffix	Covered Official Position (if applicable)	New
Earl	Pomeroy			<input type="checkbox"/>
Bob	Siggins			<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

19. Interest of each foreign entity in the specific issues listed on line 16 above ☒ Check if None

Printed Name and Title Robert Driscoll, Partner

Clerk of the House of Representatives
Legislative Resource Center
B-106 Cannon Building
Washington, DC 20515
<http://lobbyingdisclosure.house.gov>

Secretary of the Senate
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232 Hart Building
Washington, DC 20510
<http://www.senate.gov/lobby>

LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required to Complete This Page

1. Registrant Name <input checked="" type="checkbox"/> Organization/Lobbying Firm <input type="checkbox"/> Self Employed Individual <u>Steve Buyer Group</u>	
2. Address <input type="checkbox"/> Check if different than previously reported Address1 <u>P.O.Box 393</u> Address2 _____ City <u>Zionsville</u> State <u>IN</u> Zip Code <u>46077</u> - Country <u>USA</u>	
3. Principal place of business (if different than line 2) City _____ State _____ Zip Code _____ - Country _____	
4a. Contact Name <u>Mr. Mike Copher</u>	b. Telephone Number <input type="checkbox"/> International Number <u>(317) 640-9245</u>
c. E-mail _____	
7. Client Name <input type="checkbox"/> Self <input type="checkbox"/> Check if client is a state or local government or instrumentality <u>McKesson Corporation</u>	5. Senate ID# <u>400718162-12</u>
	6. House ID# <u>415810000</u>

TYPE OF REPORT 8. Year 2011 Q1 (1/1 - 3/31) ☐ Q2 (4/1 - 6/30) ☒ Q3 (7/1-9/30) ☐ Q4 (10/1 - 12/31) ☐

9. Check if this filing amends a previously filed version of this report ☐

10. Check if this is a Termination Report ☐ Termination Date _____ 11. No Lobbying Issue Activity ☒

INCOME OR EXPENSES - YOU MUST complete either Line 12 or Line 13

12. Lobbying INCOME relating to lobbying activities for this reporting period was: <u>Less than \$5,000</u> <input type="checkbox"/> <u>\$5,000 or more</u> <input checked="" type="checkbox"/> \$ <u>75,000.00</u> Provide a good faith estimate, rounded to the nearest \$10,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).	13. Organizations EXPENSE relating to lobbying activities for this reporting period were: <u>Less than \$5,000</u> <input checked="" type="checkbox"/> <u>\$5,000 or more</u> <input type="checkbox"/> \$ _____ 14. REPORTING Check box to indicate expense accounting method. See instructions for description of options. <input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definitions only <input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code
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Signature ☒ Digitally Signed By: Steve Buyer

Date 07/13/2011

Printed Name and Title Michael Copher, Partner

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Add additional page(s) as needed.

15. General issue area code

HCRHealth Issues

(one per page)

16. Specific lobbying issues

Education and the provision of pharmaceutical services to the government.

17. House(s) of Congress and Federal agencies ☐ Check if None

U.S. HOUSE OF REPRESENTATIVES, Veterans Affairs - Dept of (VA)

18. Name of each individual who acted as a lobbyist in this issue area

First Name	Last Name	Suffix	Covered Official Position (if applicable)	New
Steve	Buyer		Member of Congress	<input type="checkbox"/>
Mike	Copher		COS to Steve Buyer/Staff Dir House VA Comm.	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

19. Interest of each foreign entity in the specific issues listed on line 16 above ☒ Check if None

Printed Name and Title Michael Copher, Partner

Clerk of the House of Representatives
Legislative Resource Center
B-106 Cannon Building
Washington, DC 20515
<http://lobbyingdisclosure.house.gov>

Secretary of the Senate
Office of Public Records
232 Hart Building
Washington, DC 20510
<http://www.senate.gov/lobby>

LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required to Complete This Page

1. Registrant Name <input checked="" type="checkbox"/> Organization/Lobbying Firm <input type="checkbox"/> Self Employed Individual	
The Majority Group, LLC	
2. Address <input type="checkbox"/> Check if different than previously reported	
Address1	1701 E. Pennsylvania Ave. NW
Address2	Suite 300
City	Washington
State	DC
Zip Code	20006
Country	USA
3. Principal place of business (if different than line 2)	
City	
State	
Zip Code	
Country	
4a. Contact Name	b. Telephone Number <input type="checkbox"/> International Number
Ms. Patricia K. Stiburek	(208) 863-6586
c. E-mail	
5. Senate ID#	400713141-24
7. Client Name <input type="checkbox"/> Self <input type="checkbox"/> Check if client is a state or local government or instrumentality	6. House ID#
FCI Lender Services, Inc.	415980004

TYPE OF REPORT 8. Year 2011 Q1 (1/1 - 3/31) ☐ Q2 (4/1 - 6/30) ☒ Q3 (7/1-9/30) ☐ Q4 (10/1 - 12/31) ☐

9. Check if this filing amends a previously filed version of this report ☐

10. Check if this is a Termination Report ☐ Termination Date _____ 11. No Lobbying Issue Activity ☒

INCOME OR EXPENSES - YOU MUST complete either Line 12 or Line 13

12. Lobbying	13. Organizations
INCOME relating to lobbying activities for this reporting period was:	EXPENSE relating to lobbying activities for this reporting period were:
<u>Less than \$5,000</u> <input type="checkbox"/>	<u>Less than \$5,000</u> <input type="checkbox"/>
<u>\$5,000 or more</u> <input checked="" type="checkbox"/> \$ <u>90,000.00</u>	<u>\$5,000 or more</u> <input type="checkbox"/> \$ _____
Provide a good faith estimate, rounded to the nearest \$10,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).	14. REPORTING Check box to indicate expense accounting method. See instructions for description of options.
	<input type="checkbox"/> Method A. Reporting amounts using LDA definitions only
	<input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code
	<input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code

Signature ☒ Digitally Signed By: Patricia K. Stiburek

Date 07/20/2011

Printed Name and Title Patricia K. Stiburek, Operations Manager

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Add additional page(s) as needed.

15. General issue area code

FINFinancial Institutions/Investments/Sec

(one per page)

16. Specific lobbying issues

Freddie Mac & FDIC qualifications
Walt Minnick contacted Fannie Mae and Freddie Mac
Robert Ellsworth contacted members and staff of the House and Senate

17. House(s) of Congress and Federal agencies

☐ Check if None

U.S. HOUSE OF REPRESENTATIVES, U.S. SENATE

18. Name of each individual who acted as a lobbyist in this issue area

First Name	Last Name	Suffix	Covered Official Position (if applicable)	New
Robert	Ellsworth	Mr.	Former Chief of Staff, ID01	<input type="checkbox"/>
Walt	Minnick	Mr.	Former US Congressman, ID01	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

19. Interest of each foreign entity in the specific issues listed on line 16 above

☒ Check if None

Printed Name and Title Patricia K. Stiburek, Operations Manager